

Delaware Medicare Assistance Bureau

Medicare Newsletter

Fall 2025

Trinidad Navarro, Insurance Commissioner

MEDICARE OPEN ENROLLMENT EVENTS

Department of Insurance (DOI) hosts Medicare events by appointment only October 20 - November 21

Tuesdays, DOI Dover Office

1351 W North St, Suite 101, Dover, DE 19904 9:00am to 3:30pm

Wednesdays, DOI Wilmington Office

Excluding 11/12/2025 503 Carr Road, Suite 303, Wilmington, DE 19809 9:30am to 3:00pm

Thursdays, DOI Georgetown Office

DOI Georgetown Office 28 The Circle, Suite 1, Georgetown, DE 19947 9:30am to 3:00pm

This is your time to see if you can find lower premiums and extra benefits. Find out all your Medicare health plan choices for 2026 - including prescription drug plans and Medicare Advantage plans from private insurers. Plans change every year – maybe your healthcare needs have changed too.



Delaware Medicare Assistance Bureau (DMAB)

can answer all your questions about Medicare Open Enrollment and the new 2026 benefits.

Medicare Open Enrollment
Period begins **October 15, 2025** and
ends **December 7, 2025**.

Call 302-674-7364 for more information or visit insurance.delaware.gov/dmab







What is Medicare's Open Enrollment Period?

Medicare's Open Enrollment, also called the Annual Election Period or Fall Open Enrollment happens every year from October 15 to December 7. During this time, you can change your health insurance plans. Even if you're happy with your current coverage, it's a good idea to review and compare your options to ensure they meet your needs for the next year.

Changes you can make during Open Enrollment include:

- Joining a new Medicare Advantage Plan
- Joining a new Part D prescription plan
- Switching from Original to Medicare Advantage plan
- Switching from Medicare Advantage to Original (with or without a Part D drug plan)

You can make as many changes as you want during this period. The last change you make will take effect on January 1, 2026.

CONSIDERATIONS WHEN CHOOSING A NEW PLAN

Questions to ask before choosing a Medicare Advantage Plan:

- How much are the premiums, deductibles, and coinsurance/copay amounts?
- What is the annual maximum out of pocket cost for the plan?
- What service area does the plan cover?
- Are my doctors and hospitals in the network?
- Does the plan cover additional benefits not covered by Original Medicare?
- What are the rules I must follow to access health care services and drugs?
- Will the plan affect any additional coverage I may have?

Questions before choosing a Part D drug plan:

- Does the plan cover all the medications I take?
- Does the plan have restrictions on my drugs?
- How much will I pay for monthly premiums and annual deductible?
- How much will I pay at the pharmacy (copay/coinsurance) for each drug I take?
- Is my pharmacy in the plan's preferred network?
- Can I fill my prescriptions by mail order?

Remember, the Medicare Prescription Payment Plan can spread your out-of-pocket costs throughout the year. With this plan, you'll receive a monthly bill from your Part D or Medicare Advantage plan and pay \$0 at the pharmacy. While it doesn't reduce your overall costs, it can help manage expenses, especially for those with high drug costs early in the year. To enroll, contact your Part D or Medicare Advantage plan.

Pay attention to any changes in the plan's costs, benefits and coverage rules, and formulary. The formulary is the list of drugs your plan covers. Make sure that your drugs will still be covered next year. Also ensure that your providers and pharmacies are still in the plan's network. If you are unhappy with any of your plan's changes, you can change.

PROTECT YOURSELF FROM MARKETING VIOLATIONS

Medicare has rules about how Medicare Advantage and Part D plans can contact you and market their services. Knowing some of these rules can help you protect yourself from aggressive or misleading agents. Here are a few important rules to keep in mind during Open Enrollment:

WATCH OUT FOR PEOPLE WHO:

- Ask for your Medicare number, Social Security number, or your bank information, especially before you decide to enroll. This information can be used to enroll you into a plan without your permission.
- Say they represent Medicare. Plans are never allowed to suggest they represent or are endorsed by Medicare or any other government agency. They cannot use the Medicare name or logo on their marketing materials.
- Send unsolicited text messages or phone calls. Plans must offer opt-out option for Medicare products communications annually in writing.
- Pressure you with time limits to enroll in their plan. You can use the entire Open Enrollment Period to make your decisions. You will not receive extra benefits for signing up early for a plan and will not lose your Medicare coverage if you don't pick a plan.
- Offer you gifts to enroll into their plan. Gifts must be given to everyone at the event regardless of their enrollment choice and cannot be worth more than \$15.

If you're interested in enrolling in a plan, an agent must give you a scope of appointment (SOA) form. This is how you agree on what kinds of products will be discussed during your appointment, so you're not sold things you don't want. The appointment must be at least 48 hours after agreeing on the SOA.

Before enrolling in a plan, ensure you understand what the plan covers, impact on your Medicare benefits, compatibility with other health benefits, and drug coverage. Confirm coverage directly with the plan and make sure that you get everything in writing.

YOU SHOULD REPORT POTENTIAL MARKETING VIOLATIONS

Contact:

Delaware Senior Medicare Patrol (SMP) 1-800-223-9074

Coming Soon in 2026

Senate Bill 71- Medicare Supplement Birthday Rule (SEP)

The Delaware Governor signed into law Senate Bill (SB) 71, on September 3, 2025. SB 71 creates a special enrollment period (SEP) window for persons already enrolled in a Medicare Supplement or "Medigap" policy to switch to another Medigap policy that provides the same or lesser benefits, allowing enrollees to find a plan that better fits their financial circumstances. SB 71 also guarantees the issuance of a Medigap policy to those enrollees who switch from a Medicare Advantage (MA) plan back to original Medicare during either of the Medicare open enrollment periods. SB 71 goes into effect on January 1, 2026.

Look out for more information on our website at insurance.delaware.gov/dmab



With electronic Medicare Summary Notice (MSNs), you can see your claims faster, making it easier to spot fraud. Any month you have a processed claim; Medicare will send you an email with a secure link to your eMSN.

Sign up, log in to your secure Medicare account and stay current: https://go.medicare.gov/4nqNFD7



Are you interested in helping others within your community with questions regarding Medicare?

The Delaware Medicare Assistance Bureau, DMAB, is looking for volunteers.

Free Medicare training for volunteers!
No experience necessary.
302-674-7364
DMAB@delaware.gov